



U.S. POSTAGE PAID
PME 1-Day
MERCEDITA, PR
00715
SEP 15, 20
AMOUNT
\$26.35
R2303S102391-02

CUSTOMER USE ONLY
FROM: (PLEASE PRINT) **PHONE:** ()
Ruth Delia Luis Martinez Velez
PMB 506
609 Ave. Tito Castro Suite 102
Ponce, Puerto Rico 00716-0200

PAYMENT BY ACCOUNT (if applicable)
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) **PHONE:** ()
Clerk's Office
United States District Court
Room 150 Federal BLDG
San Juan, Puerto Rico

ZIP + 4® (U.S. ADDRESSES ONLY)

00918-1767

- W** For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 insurance included.

PEEL FROM THIS CORNER



| ORIGIN (POSTAL SERVICE USE ONLY) | | | |
|---|---|-----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> 1-Day | <input type="checkbox"/> 2-Day | <input type="checkbox"/> Military | <input type="checkbox"/> DPO |
| PO ZIP Code 00715 | Scheduled Delivery Date (MM/DD/YY) 9/16 | Postage \$ 26.35 | |
| Date Accepted (MM/DD/YY) 9/15 | Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 12 NOON <input type="checkbox"/> 3:00 PM | Insurance Fee \$ | COD Fee \$ |
| Time Accepted 2:12 PM | 10:30 AM Delivery Fee <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM \$ | Return Receipt Fee \$ | Live Animal Transportation Fee \$ |
| Special Handling/Fragile \$ | Sunday/Holiday Premium Fee \$ | Total Postage & Fees \$ 26.35 | |
| Weight lbs. 025. 26n | Acceptance Employee Initials 26n | | |
| DELIVERY (POSTAL SERVICE USE ONLY) | | | |
| Delivery Attempt (MM/DD/YY) | Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Employee Signature | |
| Delivery Attempt (MM/DD/YY) | Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Employee Signature | |

LABEL 11-S, MARCH 2016

PSN 7690-02-000-9996



SIGNATURE INCLUDED UPON REQUEST

**NATIONAL USE
EL HERE**



RECEIVED & FILED
2020 SEP 16 PM 4:54

EP13F July 2013 OD: 12.5 x 9.5



PS100010000006

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* Money Back Guarantee to U.S., select APO/FPO/DPO, and select International destinations. See DMM and IMM at pe.usps.com for complete details.

+ Money Back Guarantee for U.S. destinations only.



UNITED STATES